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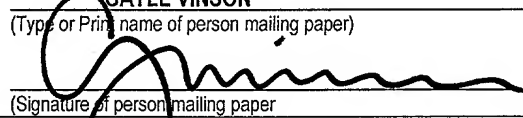
11/13/01 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

10/001499
11/14/01

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on **November 14, 2001** this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number **EL 828125210US** addressed to the Assistant Commissioner of Patents, Box Patent Application, Washington, DC 20231.

GAYLE VINSON
(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0179.0029
First Inventor: Zhou
Title: Self-Adhesive Prepreg

Commissioner of Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation (in duplicate)	<input checked="" type="checkbox"/> Oath and Declaration [Total Pages 3]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input checked="" type="checkbox"/> Power of Attorney (on Declaration)	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 19]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 3]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEE CALCULATION: The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee				\$370.00		\$740.00
Total Claims	25 - 20 =	5	x \$ 9.00		x \$ 18.00	
Independent Claims	3 - 3 =	0	x \$ 42.00		x \$ 84.00	0.00
<input type="checkbox"/> Multiple Dependent Claims Presented			+ \$140.00		+ \$280.00	0.00
			Total		Total	740.00

METHOD OF PAYMENT

☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account No. **08-2060**
Deposit Account Name **Hexcel Corporation**

☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status 37 CFR 1.27

☐ **Payment Enclosed:**
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,


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Dated: **November 14, 2001**